



Sample Submittal Form – HEALTHY FILLINGS PROGRAM

Joint Program with AIRMID Health Group

Minimum Sample Size	Bulk Fabric: 2m ² per filling tested (Mark <u>Face Side</u>) Outerwear: 2 pieces (prefer small size) Bedding: 2 piece Mock-up Panels: 2+Pieces Filling Needed: 200g per test.	<input type="checkbox"/> Return Sample <small>(Shipping & handling charges apply)</small>	Send Reports by: <small>(Hardcopy is extra Fee)</small>	<input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Hardcopy
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Client Agreement attached – Required for new clients.
 Detailed Client Info Page attached – Required if payer is different or information will not fit below
 Client Testing Protocol attached – IDFL will follow for testing

Applicant Contact Person Applicant Company	Email Report to
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SAMPLE IDENTIFICATION / DESCRIPTION	EXPECTED VALUES
Origin	
Style #	
PO #	
Destination	Other _____

RUSH SERVICE <small>Days are Business days. RUSH Not available on all tests</small> <input type="checkbox"/> Same Day <input type="checkbox"/> 3-Day <input type="checkbox"/> 1-Day <input type="checkbox"/> 5-Day <input type="checkbox"/> 2-Day <input type="checkbox"/> 8-10 Days	SPECIAL INSTRUCTIONS / OTHER TESTS	TERMS <small>By submitting samples to IDFL, Client agrees to IDFL Terms & Conditions at www.idfl.com</small> Sample Prepared by _____ Date _____
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HEALTHY FILLING INFORMATION

Bulk Down and Feathers and other fillings are washed and treated carefully before filling into bedding and apparel products. Both the USA and Europe require a sterilization of natural fills.

A product can generally be listed as "hypoallergenic" if the oxygen number is less than 5 and the turbidity is over 500 mm.

Some countries, some companies and some institutions require more stringent testing for cleanliness and allergies.

IDFL provides this testing for clients who need additional testing.

The Healthy Down Package can tested in synthetic and natural fillings. The package analyzes allergens, bacteria, and fungi that may be found in some material. For most people small amounts of these are completely harmless. In some rare cases, a synthetic or natural filling may cause allergic or other reactions.

The Healthy Down Package will give one of four Ratings

Rating 1 – Fail
 Rating 2 – Normal (Meets Requirements)
 Rating 3 – Good (Exceeds Requirements)
 Rating 4 – Excellent (Far Exceeds)

CLEANLINESS TESTS

CLEANLINESS TESTING

Oxygen (Organic)
 Turbidity (Dust/Residue)
 Fat & Oil
 pH Value
 Odor Evaluation
 Dust Evaluation
 Microbiology (Bioburden)

PAS 1008 Package** (Nomite Requirement)
Includes:
Downproof:
 EN 12132-1 (Rubbing) **OR** EN 12132-2 (Impact),
 Fiber Analysis, Threadcount, Yarn Size, Walz Calculation

****Weave construction must be provided—Select below:**

plain 10-0101-01-00
 twill 20-0201-01-01
 twill 20-0202-01-01
 twill 20-0301-01-01
 twill 20-0404-01-01
 satin 30-0104-01-02

IDFL operates the Healthy Filling Program in cooperation with Airmid Healthgroup located in Ireland

HEALTHY PACKAGES

Healthy Down/Feather Package
Includes tests for:
 Oxygen
 Turbidity
 Fat & Oil
 Microbiology
 Avian IgG
 Der P1
 Total Protein
 Bacteria
 Fungi

Healthy Filling Package
Includes tests for:
 Oxygen
 Turbidity
 Microbiology
 Avian IgG
 Der P1
 Total Protein
 Bacteria
 Fungi



DETAILED CLIENT INFO

(USE with any IDFL Sample Submittal Form)

Instructions

<ol style="list-style-type: none"> 1. When to use this form? <ul style="list-style-type: none"> - more information is needed for samples - payer is different than applicant - many report recipients - client address, contacts, etc have changed 2. New clients must also fill out Client Agreement Form 3. Contact IDFL for any questions 4. Please include a copy of SSF form with each sample. 5. See On-line Sample Submittal Form at www.idfl.com <p><i>Multiple sample test forms may be used with a single Detailed Client Info Form</i></p>	
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APPLICANT CLIENT INFORMATION	
Client Company Name	
Choose one:	<input type="checkbox"/> Use standard client info for sample(s) <input type="checkbox"/> Use client info below for sample(s)
Company Street Address	
Company City, State, Country	
Main Telephone	Main Fax
Client Contact Name	
Client Email	
Send Reports to <input type="checkbox"/> Applicant (listed below) <input type="checkbox"/> Payer	

Payer Information	
Payer Company Name	
Choose One:	<input type="checkbox"/> Use account info on file for payment <input type="checkbox"/> Use accounting info below for payment.
Payer Street Address	
Payer City, State, Country	
Payer Telephone	Payer Fax
Payer Contact Name	
Payer Email	
Send invoice to <input type="checkbox"/> Applicant <input type="checkbox"/> Payer	

EMAIL REPORT TO ALL LISTED BELOW

Contact Name	Title	Telephone	Email Address

- Client Instructions or Client Testing Protocol are also Attached
 See Special Client Instructions below

FACTORY INFORMATION	
NOTE	<i>Information about factory that sends sample (if different from applicant)</i>
Factory Name for this Sample	
Factory Street Address	
Factory City, State, Country	
Factory Main Telephone	Main Fax
Factory Contact Name	
Factory Contact Email	
Other Information	

RETAILER, BRAND-NAME, ETC	
NOTE:	<i>This is important if the retailer or brand have specific testing protocols with IDFL.</i>
Company Name	
Street Address	
City, State, Country	
Telephone	Fax
Contact Name	
Email	
Other Information	